

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Jobs Initiative Committee, a Coalition of Taxpayers, Employers, Food Producers, Energy, Transportation and Forestry Companies			Date of This Filing 05/17/2010	Date Stamp Page 1 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)458-1405	I.D. NUMBER (if applicable) 1323890	Report No. 5			
STREET ADDRESS 					
CITY Santa Monica	STATE CA	ZIP CODE 90401	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/03/2010	Venoco, Inc. Denver, CO 80202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00
05/10/2010	Murray Energy Corporation Pepper Pike, OH 44122	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30,000.00
05/14/2010	Tesoro Companies Long Beach, CA 90802	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER

California Jobs Initiative Committee, a Coalition of Taxpayers, Employers, Food Producers, Energy, Transportation and Forestry Companies

AREA CODE/PHONE NUMBER
(310)458-1405

I.D. NUMBER (if applicable)
1323890

STREET ADDRESS

CITY
Santa Monica

STATE
CA

ZIP CODE
90401

Date of This Filing 05/17/2010

Report No. 5

☐ Amendment to Report No. (explain below)

No. of Pages 2

Date Stamp

Page 2 of 2

CALIFORNIA FORM 497

For Official Use Only

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: